

### **Capital Health Plan**

Capital Health Plan has affirmatively pursued recruitment and retention of minority health care practitioners throughout its delivery system for over two decades. The Plan's focus includes both recruitment/retention of professional employed staff as well as independent contractual arrangements. In addition, the plan is actively involved in training programs for minority pharmacists, nurses and medical records personnel through internship affiliations with Florida A & M University. Currently, Capital Health Plan's health care network reflects the following minority population:

- 22% of Capital Health Plan primary care physicians are minorities (four are employed by CHP).
- 15% of Capital Health Plan specialty physicians are minorities.
- 24% of Capital Health Plan's employed staff are minorities.
- One of the two Capital Health Plan Medical Directors is a minority female physician.
- A minority physician serving on our Board of Directors chairs the plan's Health Delivery Committee which oversees the plan's health care network.
- 29% of Capital Health Plan's primary care physicians are women.
- 23% of Capital Health Plan's specialty physicians are women.
- 83% of Capital Health Plan employed workforce are women.
- Capital Health Plan's Chief Medical Officer is female.

Capital Health Plan will continue its commitment to diversity and will include vendors with MBWE certification on an as needed basis throughout the term of this agreement.

Capital Health Plan's total expenditures to Minority/Women providers was more than \$10,000,000 in 2004.

RFP/Bid #: BC-09-09-05-79

Title: Request for Proposals for Employee Medical Coverage

M/WBE % Goal: 15.00% Aspirational Composite

The MWBE Office has reviewed the three (3) firms that submitted proposals for Employee Medical Coverage for Leon County. The three proposals were reviewed to ascertain the MWBE participation level on a six (6) through ten (10) point scale listed below. Based on the review, all three (3) firms are eligible to receive six (6) points due to the fact they have certified that a minimum of 15% of the ultimate fee will be subcontracted to certified MWBE Firm(s), and have identified in the proposal the areas of utilization of MWBE firm(s) that they intend to use. Capital Health Plan submitted the MWBE participation plan form and an outline of the utilization plan to accomplish the 15% MWBE aspirational goal; Vista Health Care submitted an M/WBE participation plan form and a good faith statement that include 15% aspirational composite goal for MWBE's to be utilized during the contract period; and United Health Care submitted an MWBE participation plan form and an MWBE utilization plan to subcontract 15% of the ultimate fee to minority firms.

The M/WBE Participation Level and points, detailed in the Request for Proposals, is as follows:

The respondent is certified as a Minority Business Firm with Leon County, as defined in the County's M/WBE policy.	10 Points
The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority business firms/individuals.	8 Points
The respondent has certified that a minimum of 15% of the ultimate fee will be subcontracted to certified MBE Firm(s), and has identified in the proposal the MWBE firm(s) that it intends to use.	6 Points

1 Respondent: Capital Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
The respondent submitted an MWBE participation plan form and an outline of the utilization plan to accomplish the 15.5% MWBE aspirational goal.					\$ -
Total M/WBE Participation: 6 points		15.00%	Met M/WBE Goal?		Yes
2 Respondent: Vista Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
Vista Health Care submitted an M/WBE participation plan form and a good faith statement that include 15% aspirational composite goal for MWBE's to be utilized during the contract period.					\$ -
Total M/WBE Participation: 6 points		15.00%	Met M/WBE Goal?		Yes
3 Respondent: United Health Care; Tallahassee, FL					
Detail M/WBE Companies (respondent & subcontractors, as applicable)		Goods and Services	*E/G	**Cert. By	M/WBE Participation as % of Total Base Bid
United Health Care submitted an MWBE participation plan form and an MWBE utilization plan to subcontract 15% of the ultimate fee to minority firms.					\$ -
Total M/WBE Participation: 6 points		15.00%	Met M/WBE Goal?		Yes
*E/G (Ethnic/Gender): A = Asians; B = Black; H = Hispanic; N = Native American; F = Female **Certified By: LC = Leon County; CT = City of Tallahassee; LCSB = Leon County School Board					

# MINORITY/WOMEN BUSINESS PARTICIPATION PLAN

Attachment # 8  
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BIDDER Capital Health Plan Inc.

Please mark the correct statement.

- ☒ Bidder is non-M/WBE and has no M/WBE participation. Please complete Sections 2 & 3 and attach good faith statement.  
☐ Bidder is non-M/WBE and has M/WBE participation. Please complete Sections 1 & 3.  
☐ Bidder is a certified M/WBE. Please complete Sections 1 (if applicable) & 3.

**M/WBE Firms And Subcontractors Must Be Certified By The City Of Tallahassee Or Leon County To Qualify For MWBE Participation Credit, You Must Submit Proof Of Certification With Your Bid/Proposal.**

## SECTION 1

Please provide the following information for each certified M/WBE who will perform the indicated work for the amounts shown. Please indicate minority groups by using the corresponding letters: African American (B), Asian American (A), Hispanic American (H), Native American (N) and Non Minority Female (F). Attach additional sheets as necessary.

<u>Name, Address, and Phone</u>	<u>Materials/Services</u>	<u>Amount</u>	<u>Group</u>
<u>see attached</u>			

Total Value of M/WBE Participation: \$ \_\_\_\_\_  
 Total Project Base Bid: \$ \_\_\_\_\_  
 M/WBE Participation as % of Total Base Bid: \_\_\_\_\_ %

## SECTION 2

If an M/WBE is not listed in Section 1, you must prepare and attach a **separate good faith effort statement** which describes all efforts made to secure M/WBE participation for this bid/proposal (chapter 287.09451, F.S.).

Attachment # 8Page 4 of 4**SECTION 3**

The vendor acknowledges the Leon County M/WBE Policy and the provisions specified therefore in this bid/RFP. As applicable, vendor certifies that the above list of minority/women vendors and the respective contract amounts and percentages of the total bid are accurate, or, to the accuracy of the attached good faith statement.

Signature Sue Corte Title Senior V.P. Date 9/12/05